

Exhibit E

W. R. Grace Asbestos Personal Injury Questionnaire



RE:

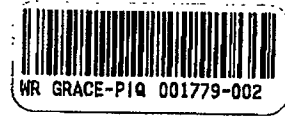
Goldberg, Persky & White, P.C.
4800 Fashion Square Boulevard
Suite 260
Saginaw, MI 48604-2602

REDACTED

REC'D JAN 12 2006



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IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE



In re:) Chapter 11
)
W. R. GRACE & CO., et al.,) Case No. 01-01139 (JKF)
) Jointly Administered
Debtors.)
)

W. R. Grace Asbestos Personal Injury Questionnaire

YOU HAVE RECEIVED THIS QUESTIONNAIRE BECAUSE GRACE BELIEVES THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY JANUARY 12, 2006 TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT ONE OF THE FOLLOWING ADDRESSES:

IF SENT BY U.S. MAIL

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
P.O. BOX 1620
FARIBAULT, MN 55021

IF SENT BY FEDERAL EXPRESS, UNITED PARCEL
SERVICE, OR A SIMILAR HAND DELIVERY SERVICE

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
201 S. LYNDAL AVE.
FARIBAULT, MN 55021

A QUESTIONNAIRE (AND ANY AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL NOT BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY JANUARY 12, 2006.

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT APPROVED BY THE COURT IN CONNECTION WITH ESTIMATING GRACE'S ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. THE QUESTIONNAIRE IS BEING USED BY W. R. GRACE AS A MEANS TO SEEK INFORMATION ABOUT YOUR ASBESTOS CLAIM. BY TIMELY RETURNING THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE, GRACE, THE OFFICIAL COMMITTEES, AND THE FUTURE CLAIMANTS REPRESENTATIVE WILL SEEK TO PRIORITIZE THE PROCESSING OF YOUR CLAIM UNDER ANY TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION.

THE COURT HAS ORDERED THAT, AS PART OF THE DISCOVERY PROCESS, ALL HOLDERS OF PRE-PETITION ASBESTOS PERSONAL INJURY CLAIMS MUST COMPLETE AND RETURN THIS QUESTIONNAIRE. THUS, FAILURE TO TIMELY RETURN THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE MAY RESULT IN SANCTIONS AND/OR OTHER RELIEF AVAILABLE UNDER APPLICABLE FEDERAL RULES.

BECAUSE YOUR CLAIM WILL BE EVALUATED IN ACCORDANCE WITH THE TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION, COMPLETION OF THIS QUESTIONNAIRE DOES NOT MEAN THAT YOUR CLAIM WILL EITHER BE ALLOWED OR PAID. TO THE EXTENT YOU ATTACH TO THIS QUESTIONNAIRE DOCUMENTS ALSO NEEDED BY THE TRUST TO PROCESS YOUR CLAIM, SUCH DOCUMENTS WILL BE PROVIDED TO THE TRUST AND YOU WILL NOT NEED TO RESUBMIT THEM.



INSTRUCTIONS

A. GENERAL

1. This Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an "asbestos-related personal injury or wrongful death claim." This term is intended to cover any lawsuit alleging any claim for personal injuries or damages that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates, or any of the predecessors of any of the Debtors or any of their respective past or present affiliates), or (b) exposure to vermiculite mined, milled or processed by the Debtors (or any of their respective past or present affiliates, any of the predecessors of any of the Debtors or any of their predecessors' respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general, special, and punitive damages.
2. Your Questionnaire will be deemed filed only when it has been received by Rust Consulting Inc., the Claims Processing Agent, via U.S. Mail, Federal Express, United Parcel Service or a similar hand delivery service. A Questionnaire that is submitted by facsimile, telecopy or other electronic transmission will not be accepted and will not be deemed filed.

Do not send any Questionnaire to the Debtors, counsel for the Debtors, the Future Claimants Representative, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees' counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.
3. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.
4. All holders of claims described on page i (and as described in further detail in Instruction A (1) above) are required to file this Questionnaire by Jan. 12, 2006. Your Questionnaire will be used in connection with the estimation hearing to be conducted by the Court pursuant to the Estimation Procedures Order (a copy of which is attached as Appendix B).
5. Any subsequent amendment to the Questionnaire will not be considered for any purpose unless received by Jan. 12, 2006.

B. PART I -- Identity of Injured Person and Legal Counsel

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

All references to "you" or the like in Parts I through X shall mean the injured person. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire.

C. PART II -- Asbestos-Related Condition(s)

Please indicate all asbestos-related medical conditions for which you have been diagnosed. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following categories of customarily diagnosed conditions:

- Mesothelioma
- Asbestos-Related Lung Cancer
- Other Cancer (colon, laryngeal, esophageal, pharyngeal, or stomach)
- Clinically Severe Asbestosis
- Asbestosis
- Other Asbestos Disease

If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

Supporting Documents for Diagnosis: This Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that support or conflict with your diagnosis.

X-rays and B-reads: Please attach all x-ray readings and reports. You may, but are not required to, attach chest x-rays. The court, however, has ruled that Grace may seek access to chest x-rays upon request.

Pulmonary Function Tests: Please attach all pulmonary function test results, including the actual raw data and all spirometric tracings, on which the results are based.



WR GRACE-PIQ 001779-005

D. PART III – Direct Exposure to Grace Asbestos-Containing Products

In Part III, please provide the requested information for the job and site at which you were exposed to Grace asbestos-containing products. Indicate the dates of exposure to each Grace asbestos-containing product. If your exposure was a result of your employment, use the list of occupation and industry codes below to indicate your occupation and the industry in which you worked at each site. If you allege exposure to Grace asbestos-containing products at multiple sites, the Court has ordered that you must complete a separate Part III for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

Attach copies of any and all documents establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the disease.

Occupation Codes

- | | |
|--|---|
| 01. Air conditioning and heating installer/maintenance | 31. Iron worker |
| 02. Asbestos miner | 32. Joiner |
| 03. Asbestos plant worker/asbestos manufacturing worker | 33. Laborer |
| 04. Asbestos removal/abatement | 34. Longshoreman |
| 05. Asbestos sprayer/spray gun mechanic | 35. Machinist/machine operator |
| 06. Assembly line/factory/plant worker | 36. Millwright/mill worker |
| 07. Auto mechanic/bodywork/brake repairman | 37. Mixer/bagger |
| 08. Boilermaker | 38. Non-asbestos miner |
| 09. Boiler repairman | 39. Non-occupational/residential |
| 10. Boiler worker/cleaner/inspector/engineer/installer | 40. Painter |
| 11. Building maintenance/building superintendent | 41. Pipefitter |
| 12. Brake manufacturer/installer | 42. Plasterer |
| 13. Brick mason/layer/hod carrier | 43. Plumber - install/repair |
| 14. Burner operator | 44. Power plant operator |
| 15. Carpenter/woodworker/cabinetmaker | 45. Professional (e.g., accountant, architect, physician) |
| 16. Chipper | 46. Railroad worker/carman/brakeman/machinist/conductor |
| 17. Clerical/office worker | 47. Refinery worker |
| 18. Construction - general | 48. Remover/installer of gaskets |
| 19. Custodian/janitor in office/residential building | 49. Rigger/stevedore/seaman |
| 20. Custodian/janitor in plant/manufacturing facility | 50. Rubber/tire worker |
| 21. Electrician/inspector/worker | 51. Sandblaster |
| 22. Engineer | 52. Sheet metal worker/sheet metal mechanic |
| 23. Firefighter | 53. Shipfitter/shipwright/ship builder |
| 24. Fireman | 54. Shipyard worker (md. repair, maintenance) |
| 25. Flooring installer/tile installer/tile mechanic | 55. Steamfitter |
| 26. Foundry worker | 56. Steelworker |
| 27. Furnace worker/repairman/installer | 57. Warehouse worker |
| 28. Glass worker | 58. Welder/blacksmith |
| 29. Heavy equipment operator (includes truck, forklift, & crane) | 59. Other |
| 30. Insulator | |

Industry Codes

- | | |
|--|--|
| 001. Asbestos abatement/removal | 109. Petrochemical |
| 002. Aerospace/aviation | 110. Railroad |
| 100. Asbestos mining | 111. Shipyard-construction/repair |
| 101. Automotive | 112. Textile |
| 102. Chemical | 113. Tire/rubber |
| 103. Construction trades | 114. U.S. Navy |
| 104. Iron/steel | 115. Utilities |
| 105. Longshore | 116. Grace asbestos manufacture or milling |
| 106. Maritime | 117. Non-Grace asbestos manufacture or milling |
| 107. Military (other than U.S. Navy) | 118. Other |
| 108. Non-asbestos products manufacturing | |



E. PART IV – Indirect Exposure to Grace Asbestos-Containing Products

In Part IV, please provide the information requested for any injury alleged to have been caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person. If you allege exposure through contact/proximity with multiple injured persons, please complete a separate Part IV for each injured person. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

F. PART V – Exposure to Non-Grace Asbestos-Containing Products

In Part V, please provide the requested information for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate Part V for each party. If exposure was in connection with your employment, use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

G. PART VI – Employment History

In Part VI, please provide the information requested for each industrial job you have held, other than jobs already listed in Parts III or V. Use the list of occupation and industry codes in the instructions to Part III to indicate your occupation and the industry in which you worked for each job. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

H. PART VII – Litigation and Claims Regarding Asbestos and/or Silica

In Part VII, please describe any lawsuits and/or claims that were filed by you or on your behalf regarding asbestos or silica.

I. PART VIII – Claims by Dependents or Related Persons

Part VIII is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace not involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

J. PART IX – Supporting Documentation

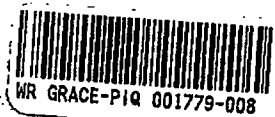
In Part IX, please mark the boxes next to each type of document that you are submitting with this Questionnaire. As indicated in the instructions to Parts II and III, this Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that (a) support or conflict with your diagnosis and/or (b) establish exposure to Grace asbestos-containing products as having a substantial causal role in the development of the medical diagnoses, and/or conditions claimed. Original documents provided to Grace will be returned within a reasonable time after its professionals and experts have reviewed the documents.

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such cost.

K. PART X – Attestation that Information is True, Accurate and Complete

By signing Part X, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true, accurate and complete. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete and sign Part X on behalf of the injured person.

The legal representative of the injured person must complete and sign Part X where indicated.

**PART II: ASBESTOS-RELATED CONDITION(S)**

Mark the box next to the conditions with which you have been diagnosed and provide all information required in the instructions to this Questionnaire. If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

1. Please check the box next to the condition being alleged:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Asbestos-Related Lung Cancer | <input type="checkbox"/> Mesothelioma |
| <input checked="" type="checkbox"/> Asbestosis | <input type="checkbox"/> Other Cancer (cancer not related to lung cancer or mesothelioma) |
| <input type="checkbox"/> Other Asbestos Disease | <input type="checkbox"/> Clinically Severe Asbestosis |

a. **Mesothelioma:** If alleging Mesothelioma, were you diagnosed with malignant mesothelioma based on the following (check all that apply):

- ☐ diagnosis from a pathologist certified by the American Board of Pathology
- ☐ diagnosis from a second pathologist certified by the American Board of Pathology
- ☐ diagnosis and documentation supporting exposure to Grace asbestos-containing products having a substantial causal role in the development of the condition
- ☐ other (please specify): _____



PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

b. **Asbestos-Related Lung Cancer:** If alleging Asbestos-Related Lung Cancer, were you diagnosed with primary lung cancer based on the following (check all that apply):

- ☒ findings by a pathologist certified by the American Board of Pathology
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestosis determined by pathology
- ☐ evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ diffuse pleural thickening as defined in the International Labour Organization's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer
- ☐ other (please specify): _____

c. **Other Cancer:**

- (i) If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:
 - ☐ colon ☐ pharyngeal ☐ esophageal ☐ laryngeal ☐ stomach cancer
 - ☐ other, please specify: _____
- (ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply):
 - ☐ findings by a pathologist certified by the American Board of Pathology
 - ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
 - ☐ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
 - ☐ evidence of asbestosis determined by pathology
 - ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer
 - ☐ other (please specify): _____

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)



d. **Clinically Severe Asbestosis:** If alleging Clinically Severe Asbestosis, was your diagnosis based on the following (check all that apply):

- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- ☐ a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
- ☐ a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
- ☐ asbestosis determined by pathology
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating total lung capacity less than 65% predicted
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
- ☐ other (please specify): _____

e. **Asbestosis:** If alleging Asbestosis, was your diagnosis based on the following (check all that apply):

- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- ☒ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ asbestosis determined by pathology
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
- ☐ other (please specify): _____

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)



f. **Other Asbestos Disease:** If alleging any asbestos-related injuries, medical diagnoses, and/or conditions other than those above, was your diagnosis based on the following (check all that apply):

- ☐ diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
- ☐ diagnosis determined by pathology
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's *2000 International Classification of Radiographs of Pneumoconioses* by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's *Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses* (2000)
- ☐ a chest x-ray reading other than those described above
- ☐ a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's *Lung Function Testing; Selection of Reference Values and Interpretive Strategies*, demonstrating a FEV1/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
- ☐ a pulmonary function test other than that discussed above
- ☐ a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition
- ☐ a CT Scan or similar testing
- ☐ a diagnosis other than those above
- ☐ other (please specify): _____

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**PART II: ASBESTOS-RELATED CONDITION(S) (Continued)****2. Information Regarding Diagnosis**

Claimant objects for the reason that the information requested below is equally accessible to WR Grace from the attached medical records and reports and claimant refers WR Grace to the attached medical records and reports. Claimant also objects because it would be unduly burdensome to require claimant to reproduce the information in summary fashion which is readily contained in the attached medical reports. Claimant further objects because this case has not yet been set for trial as to WR Grace and full trial workup as to WR Grace may not yet have been completed. WR Grace's discovery request is therefore untimely under applicable state law and may not reflect the evidence to be adduced against WR Grace at trial.

Date of Diagnosis: 04/29/1990

Diagnosing Doctor's Name: Dr. Tong

Diagnosing Doctor's Specialty: Pulmonology

Diagnosing Doctor's Mailing Address: St Mary's
Address

City: Spina MI State/Province Zip/Postal Code

Diagnosing Doctor's Daytime Telephone Number: () -

With respect to your relationship to the diagnosing doctor, check all applicable boxes:

Was the diagnosing doctor your personal physician? ☒ Yes ☐ No

Claimant objects to the term "personal physician" for the reason that it is vague. Without waiving the objection, claimant interprets "personal" to mean a physician who reviewed information personal to claimant, and claimant asserts that the physicians who found asbestos-related disease in claimant reviewed personal information concerning claimant. Claimant has attached copies of medical reports and records, and claimant refers WR Grace to such records to determine the nature of the relationship

Was the diagnosing doctor paid for the diagnostic services that he/she performed? ☒ Yes ☐ No

If yes, please indicate who paid for the services performed: Claimant has responsibility for payment for all services. If medical consultation was provided in connection with claimant's legal claim, the costs of such services are normally advanced by claimant's law firm and deducted from any settlements received

Did you retain counsel in order to receive any of the services performed by the diagnosing doctor? ☐ Yes ☒ No

Claimant objects for the reason that information concerning the attorney/client relationship is privileged.

Was the diagnosing doctor referred to you by counsel? ☐ Yes ☒ No

See the attached medical reports and records.

Are you aware of any relationship between the diagnosing doctor and your legal counsel? ☐ Yes ☒ No

If yes, please explain: _____



Claimant objects for the reason that the identity of the medical doctors is disclosed in the attached medical reports or records and claimant refers WR Grace to such records. WR Grace has equal accessibility to the national registries which list board certifications for medical providers. Claimant is informed and believes that medical providers consulted by claimant's counsel are board certified in their appropriate fields. Claimant does not have personal knowledge concerning medical providers not consulted by counsel, but assumes this knowledge is accessible to WR Grace from the appropriate certification entities.

Claimant refers WR Grace to the attached medical reports or records to determine if the medical doctor performed a physical examination. Claimant further objects because this case has not yet been set for trial as to WR Grace and full trial workup as to WR Grace may not yet have been completed. WR Grace's discovery request is therefore untimely under applicable state law and may not reflect the evidence to be adduced against WR Grace at trial.

Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? ☐ Yes ☒ No

See attached medical records and reports

Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis? ☒ Yes ☐ No

See attached medical records and reports

Was the diagnosing doctor provided with your complete occupational, medical and smoking history prior to diagnosis? ☒ Yes ☐ No

See attached medical records and reports

Did the diagnosing doctor perform a physical examination? ☒ Yes ☐ No

See attached medical records and reports

Do you currently use tobacco products? ☐ Yes ☒ No

Have you ever used tobacco products? ☐ Yes ☒ No

If answer to either question is yes, please indicate whether you have regularly used any of the following tobacco products and the dates and frequency with which such products were used:

☒ Cigarettes Packs Per Day (half pack = .5) 1.5 Start Year 1992 End Year 1993
☐ Cigars Cigars Per Day _____ Start Year _____ End Year _____
☐ If Other Tobacco Products, please specify (e.g., chewing tobacco): _____

Amount Per Day _____ Start Year _____ End Year _____

Have you ever been diagnosed with chronic obstructive pulmonary disease ("COPD")? ☐ Yes ☒ No

If yes, please attach all documents regarding such diagnosis and explain the nature of the diagnosis:

3. Information Regarding Chest X-Ray

Claimant objects for the reason that claimant it is unclear what "your chest x-ray" refers to. In response to the question and without waiving the objection, claimant refers WR Grace to the attached medical records and reports.

Please check the box next to the applicable location where your chest x-ray was taken (check one):

☐ Mobile laboratory ☐ Job site ☐ Union Hall ☐ Doctor office ☒ Hospital ☐ Other: _____

Address where chest x-ray taken: 34 Mary

Address _____

City Saginaw State/Province MI Zip/Postal Code _____

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)



4. Information Regarding Chest X-Ray Reading

Claimant objects for the reason that the information requested below is equally accessible to WR Grace from the attached medical records and reports and claimant refers WR Grace to the attached medical records and reports. Additionally, it would be unduly burdensome to require that claimant's reproduce in summary form the evidence which is readily obtainable from the attached records. The information requested is contained to the extent available in the attached medical records and reports

Date of Reading: 03 24, 2000 ILO score: 1/1
 Name of Reader: Elle Krawum, M.P.
 Reader's Daytime Telephone Number: (734) 936-4366
 Reader's Mailing Address: University of M
Ann Arbor Mi
 City State/Province Zip/Postal Code

With respect to your relationship to the reader, check all applicable boxes:

Was the reader paid for the services that he/she performed ☒ Yes ☐ No

If yes, please indicate who paid for the services performed: Claimant has responsibility for payment for all services. If medical consultation was provided in connection with claimant's legal claim, the costs of such services are normally advanced by claimant's law firm and deducted from any settlements received

Did you retain counsel in order to receive any of the services performed by the reader? ☐ Yes ☐ No

Claimant objects for the reason that information concerning the attorney-client relationship is privileged

Was the reader referred to you by counsel? ☐ Yes ☐ No

See the attached medical reports and records.

Are you aware of any relationship between the reader and your legal counsel? ☐ Yes ☒ No

If yes, please explain: _____

Was the reader certified by the National Institute for Occupational Safety and Health at the time of the reading? Yes

..... ☒ Yes ☐ No

Claimant objects for the reason the information requested is equally accessible to WR Grace from the attached medical reports and the NIOSH list of certified B readers. Claimant is informed and believes that doctors consulted by counsel who complete ILO forms are generally NIOSH certified readers.

If the reader is not a certified B-reader, please describe the reader's occupation, specialty, and the method through which the reading was made: _____

Claimant objects for the reasons stated in the previous question and claimant refers WR Grace to the attached medical records for the information requested.

5. Information Regarding Pulmonary Function Test: Date of Test: ____ / ____ / ____

Claimant objects for the reason that the information requested below is equally accessible to WR Grace from the attached medical records and reports and claimant refers WR Grace to the attached medical records and reports. Additionally, it would be unduly burdensome to require that claimant's reproduce in summary form the evidence which is readily obtainable from the attached records. Claimant further objects because this case has not yet been set for trial as to WR Grace and full trial workup as to WR Grace may not yet have been completed. WR Grace's discovery request is therefore untimely under applicable state law and may not reflect the evidence to be adduced against WR Grace at trial.

See the attached medical records and reports for the information that is available.

List your height in feet and inches when test given: _____ ft _____ inches

List your weight in pounds when test given: _____ lbs



Total Lung Capacity (TLC): % of predicted

Forced Vital Capacity (FVC): % of predicted

FEV1/FVC Ratio: % of predicted

Name of Doctor Performing Test (if applicable):

Doctor's Specialty:

Name of Clinician Performing Test (if applicable):

Testing Doctor or Clinician's Mailing Address:
Address

City State/Province Zip/Postal Code

Testing Doctor or Clinician's Daytime Telephone Number: () -

Name of Doctor Interpreting Test:

Doctor's Specialty:

Interpreting Doctor's Mailing Address:
Address

City State/Province Zip/Postal Code

Interpreting Doctor's Daytime Telephone Number: () -

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)

With respect to your relationship to the doctor or clinician who performed the pulmonary function test check all applicable boxes:

If the test was performed by a doctor, was the doctor your personal physician? ☐ Yes ☐ No

Claimant objects to the term "personal physician" for the reason that it is vague. Without waiving the objection, claimant interprets "personal" to mean a physician who reviewed information personal to claimant, and claimant asserts that the physicians who found asbestos-related disease in claimant reviewed personal information concerning claimant. Claimant has attached copies of medical reports and records, and claimant refers WR Grace to such records to determine the nature of the relationship.

Was the testing doctor and/or clinician paid for the services that he/she performed? ☒ Yes ☐ No

If yes, please indicate who paid for the services performed: Claimant has responsibility for payment for all services. If medical consultation was provided in connection with claimant's legal claim, the costs of such services are normally advanced by claimant's law firm and deducted from any settlements received

Did you retain counsel in order to receive any of the services performed by the testing doctor or clinician?.. ☐ Yes ☐ No

Claimant objects for the reason that information concerning the attorney-client relationship is privileged.

Was the testing doctor or clinician referred to you by counsel?..... ☐ Yes ☐ No

See the attached medical reports and records.

Are you aware of any relationship between either the doctor or clinician and your legal counsel?..... ☐ Yes ☒ No

If yes, please explain: _____

Was the testing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the pulmonary function test? ☐ Yes ☐ No

Claimant objects for the reason that the identity of the medical doctors is disclosed in the attached medical reports or records and claimant refers WR Grace to such records. WR Grace has equal accessibility to the national registries which list board certifications for medical providers. Claimant is informed and believes that medical providers consulted by claimant's counsel are board certified in their appropriate fields. Claimant does not have personal knowledge concerning medical providers not consulted by counsel, but assumes this knowledge is accessible to WR Grace from the appropriate certification entities.

With respect to your relationship to the doctor interpreting the results of the pulmonary function test check all applicable boxes:

Was the doctor your personal physician? ☒ Yes ☐ No

Claimant objects to the term "personal physician" for the reason that it is vague. Without waiving the objection, claimant interprets "personal" to mean a physician who reviewed information personal to claimant, and claimant asserts that the physicians who found asbestos-related disease in claimant reviewed personal information concerning claimant. Claimant has attached copies of medical reports and records, and claimant refers WR Grace to such records to determine the nature of the relationship.

Was the doctor paid for the services that he/she performed? ☒ Yes ☐ No

If yes, please indicate who paid for the services performed: Claimant has responsibility for payment for all services. If medical consultation was provided in connection with claimant's legal claim, the costs of such services are normally advanced by claimant's law firm and deducted from any settlements received

Did you retain counsel in order to receive any of the services performed by the doctor?..... ☐ Yes ☐ No

Claimant objects for the reason that information concerning the attorney-client relationship is privileged.

Was the doctor referred to you by counsel? ☐ Yes ☐ No

See the attached medical reports and records.

Are you aware of any relationship between the doctor and your legal counsel?..... ☐ Yes ☒ No



If yes, please explain _____

Was the doctor interpreting the pulmonary function test results certified as a pulmonologist or internist by the American Board of Internal Medicine at the time the test results were reviewed? ☐ Yes ☐ No

Claimant objects for the reason that the identity of the medical doctors is disclosed in the attached medical reports or records and claimant refers WR Grace to such records. WR Grace has equal accessibility to the national registries which list board certifications for medical providers. Claimant is informed and believes that medical providers consulted by claimant's counsel are board certified in their appropriate fields. Claimant does not have personal knowledge concerning medical providers not consulted by counsel, but assumes this knowledge is accessible to WR Grace from the appropriate certification entities.

6. Information Regarding Pathology Reports:

Claimant objects for the reason that the information requested below is equally accessible to WR Grace from the attached medical records and reports and claimant refers WR Grace to the attached medical records and reports. Additionally, it would be unduly burdensome to require that claimant's reproduce in summary form the evidence which is readily obtainable from the attached records. Claimant further objects because this case has not yet been set for trial as to WR Grace and full trial workup as to WR Grace may not yet have been completed. WR Grace's discovery request is therefore untimely under applicable state law and may not reflect the evidence to be adduced against WR Grace at trial. See the attached medical records and reports for information that is available.

Date of Pathology Report: 04/29/1998

Findings: Adeno carcinoma

Name of Doctor Issuing Report: Dr. Tong

Doctor's Specialty: Pathology

Doctor's Mailing Address: St. Mary

City: Segin

State/Province: MI

Zip/Postal Code:

Doctor's Daytime Telephone Number: () -

With respect to your relationship to the doctor issuing the pathology report, check all applicable boxes:

Was the doctor your personal physician? ☒ Yes ☐ No

Claimant objects to the term "personal physician" for the reason that it is vague. Without waiving the objection, claimant interprets "personal" to mean a physician who reviewed information personal to claimant, and claimant asserts that the physicians who found asbestos-related disease in claimant reviewed personal information concerning claimant. Claimant has attached copies of medical reports and records, and claimant refers WR Grace to such records to determine the nature of the relationship.

Was the doctor paid for the services that he/she performed? ☒ Yes ☐ No

If yes, please indicate who paid for the services performed: Claimant has responsibility for payment for all services. If medical consultation was provided in connection with claimant's legal claim, the costs of such services are normally advanced by claimant's law firm and deducted from any settlements received.

Did you retain counsel in order to receive any of the services performed by the doctor? ☐ Yes ☒ No

Claimant objects for the reason that information concerning the attorney-client relationship is privileged.

Was the doctor referred to you by counsel? ☐ Yes ☒ No

See the attached medical reports and records.

Are you aware of any relationship between the doctor and your legal counsel? ☐ Yes ☒ No

If yes, please explain: _____



Was the doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis.....

☒ Yes ☐ No

Claimant objects for the reason that the identity of the medical doctors is disclosed in the attached medical reports or records and claimant refers WR Grace to such records. WR Grace has equal accessibility to the national registries which list board certifications for medical providers. Claimant is informed and believes that medical providers consulted by claimant's counsel are board certified in their appropriate fields. Claimant does not have personal knowledge concerning medical providers not consulted by counsel, but assumes this knowledge is accessible to WR Grace from the appropriate certification entities.

PART II: ASBESTOS-RELATED CONDITION(S) (Continued)



7. With respect to the condition alleged, have you received medical treatment from a doctor for the condition?

☒ Yes ☐ No

Objection for the reason that it is unclear what is meant by the term "medical treatment". Claimant believes that all work reflected in the attached medical records and reports involves medical treatments. Without waiving the objection, Claimant refers WR Grace to the attached medical reports and records for work performed by the medical doctor.

If yes, please complete the following:

Name of Treating Doctor: Various

Treating Doctor's Specialty: _____

Treating Doctor's Mailing Address: _____

City Seneca Address MI State/Province _____ Zip/Postal Code _____

Treating Doctor's Daytime Telephone number: _____ (____) _____ - _____

Was the doctor paid for the services that he/she performed? ☒ Yes ☐ No

If yes, please indicate who paid for the services performed: Claimant has responsibility for payment for all services. If medical condition was provided in connection with claimant's legal claim, the costs of such services are normally advanced by claimant's law firm and deducted from any settlements received.

Did you retain counsel in order to receive any of the services performed by the doctor? ☐ Yes ☒ No

Claimant objects for the reason that information concerning the attorney-client relationship is privileged.

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PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

Claimant objects for the reason that the request is unduly burdensome give the time constraints claimant has to provide the information. For many years prior to WR Grace's bankruptcy, claimant through claimant's counsel had a tolling agreement with WR Grace which prevented litigation and discovery against WR Grace. Claimant is now being requested to produce trial ready evidence without the ability to individually discover evidence against WR Grace concerning specific job sites worked at by claimant and in a time frame that is unrealistically short. In addition, WR Grace historically has resolved claims for exposure at the job sites at issue, and WR Grace has access to the information concerning exposure which has been provided to WR Grace as part of prior administrative settlements. This request is therefore redundant and the information is as readily available to WR Grace as to claimant. Without waiving these objections, see attached for the exposure information currently available to claimant. In addition, claimant refers WR Grace to the Master Product Identification Evidence which has been submitted for all claimants and is incorporated herein by reference.

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Grace asbestos-containing products
- (b) A worker who personally removed or cut Grace asbestos-containing products
- (c) A worker who personally installed Grace asbestos-containing products
- (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (f) If other, please specify.

Site of Exposure:

Location:

Site Name:

Site Type: ☐ Residence ☐ Business Site Owner:

Unions of which you were a member during your employment:

Employer During Exposure:

Product(s)	Basis for Identification of Each Grace Product	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code (If Code 59 specify)	Industry Code (If Code 118 specify)	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? (If yes, please indicate your regular proximity to such areas)	Nature of Exposure
Job 1 Description: Greylite	Zenith	1963-1964	76	104	Chk prox mix	
Job 2 Description:						



[illegible]

PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

1. Are you asserting an injury caused by exposure to Grace asbestos-containing products through contact/proximity with another injured person? ☐ Yes ☒ No

If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

2. Please indicate the following information regarding the other injured person:

Name of Other Injured Person: _____ Gender: ☐ Male ☐ Female

Last Four Digits of Social Security Number: _____ Birth Date: ____/____/____

3. What is your Relationship to Other Injured Person: ☐ Spouse ☐ Child ☐ Other

4. Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:

5. Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products:

From: ____/____/____ To: ____/____/____

6. Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:

7. Has the Other Injured Person filed a lawsuit related to his/her exposure? ☐ Yes ☐ No

If yes, please provide caption, case number, file date, and court name for the lawsuit:

Caption: _____

Case Number: _____ File Date: ____/____/____

Court Name: _____

8. Nature of Your Own Exposure to Grace Asbestos-Containing Product:

9. Dates of Your Own Exposure to Grace Asbestos-Containing Product:

From: ____/____/____ To: ____/____/____

10. Your Basis for Identification of Asbestos-Containing Product as Grace Product:

[REMAINDER OF PAGE INTENTIONALLY BLANK]

PART V: EXPOSURE TO NON-GRACE ASBESTOS-CONTAINING PRODUCTS

Claimant objects for the reason that the request is unduly burdensome and equally accessible to WR Grace as claimant. Claimant is being requested to produce trial ready evidence in an unrealistically short time frame and in a time frame that does not necessarily track the discovery schedules of the underlying tort case. Further, this information is not necessary to determine exposure to a WR Grace product and would be irrelevant in determining whether a prima facie case exists against WR Grace. Additionally, WR Grace has equal access to this information. Without waiving these objections, claimant refers WR Grace to claimant's complaint in the underlying tort case which contains claimant's allegations of exposure and defendants' responses and motions concerning complaint's allegations.

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.

In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Non-Grace asbestos-containing products
- (b) A worker who personally removed or cut Non-Grace asbestos-containing products
- (c) A worker who personally installed Non-Grace asbestos-containing products
- (d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (f) If other, please specify.

Party Against which Lawsuit or Claim was Filed:

Product(s)	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code (If Code 39 specify)	Industry Code (If Code 118 specify)	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? <i>If Yes, please indicate your regular proximity to such areas.</i>	Nature of Exposure
Site of Exposure 1 Site Name: _____ Address: _____ City and State: _____ Site Owner: _____	Job 1 Description: Job 2 Description: Job 3 Description:				
Site of Exposure 2 Site Name: _____ Address: _____ City and State: _____ Site Owner: _____	Job 1 Description: Job 2 Description: Job 3 Description:				





Site of Exposure 3 Site Name: _____ Address: _____ City and State: _____ Site Owner: _____	Job 1 Description:							
	Job 2 Description:							
	Job 3 Description:							

PART VI: EMPLOYMENT HISTORY



See attached work history.

Other than jobs listed in Part III or V, please complete this Part VI for all of your prior industrial work experience up to and including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

Occupation Code: 26 If Code 59, specify: _____
 Industry Code: 104 If Code 118, specify: _____
 Employer: General Motion
 Beginning of Employment: 1/1/1963 End of Employment: 1/1/1980
 Location: Gray Iron
 Address: Sejner M
 City: _____ State/Province: _____ Zip/Postal Code: _____

Occupation Code: _____ If Code 59, specify: _____
 Industry Code: _____ If Code 118, specify: _____
 Employer: _____
 Beginning of Employment: ____/____/____ End of Employment: ____/____/____
 Location: _____
 Address: _____
 City: _____ State/Province: _____ Zip/Postal Code: _____

Occupation Code: _____ If Code 59, specify: _____
 Industry Code: _____ If Code 118, specify: _____
 Employer: _____
 Beginning of Employment: ____/____/____ End of Employment: ____/____/____
 Location: _____
 Address: _____
 City: _____ State/Province: _____ Zip/Postal Code: _____

Occupation Code: _____ If Code 59, specify: _____
 Industry Code: _____ If Code 118, specify: _____
 Employer: _____
 Beginning of Employment: ____/____/____ End of Employment: ____/____/____
 Location: _____
 Address: _____
 City: _____ State/Province: _____ Zip/Postal Code: _____

PART VII: LITIGATION AND CLAIMS REGARDING ASBESTOS AND/OR**a. LITIGATION**

1. Have you ever been a plaintiff in a lawsuit regarding asbestos or silica? ☒ Yes ☐ No

If yes, please complete the rest of this Part VII(a) for each lawsuit. For your convenience, additional copies of Part VII are attached as Appendix G to this Questionnaire

2. Please provide the caption, case number, file date, and court name for the lawsuit you filed:

Caption: _____

REDACTED

Case Number: 96-011598-NP-5

File Date: 2/28/1996

Court Name: Saginaw County Circuit Court

3. Was Grace a defendant in the lawsuit? ☒ Yes ☐ No

4. Was the lawsuit dismissed against any defendant? ☐ Yes ☐ No

Claimant objects because this request is unduly burdensome. As WR Grace well-knows, during the course of a lawsuit defendants are dismissed or added as evidence develops. In order to accurately answer this question, claimant would have to review the docket of the entire case which WR Grace can do as readily as claimant.

If yes, please provide the basis for dismissal of the lawsuit against each defendant:

Claimant objects for the reasons stated above

5. Has a judgment or verdict been entered? ☐ Yes ☒ No

Claimant interprets "judgment or verdict" to mean a finding of liability after a trial on the merits of an unliquidated claim. Based upon this understanding the answer is "no".

If yes, please indicate verdict amount for each defendant(s): _____

6. Was a settlement agreement reached in this lawsuit? ☒ Yes ☐ No

Claimant objects for the reason that such information is confidential and is not reasonably calculated to lead to the discovery of admissible evidence. Moreover, the disclosure of such settlement information would chill settlement discussions with any remaining defendants. Claimant also objects because such information is not discoverable under controlling state law at this stage of litigation.

If yes and the settlement was reached on or after April 2, 2001, please indicate the following:

a. Settlement amount for each defendant: _____

b. Applicable defendants: _____

c. Disease or condition alleged: _____

d. Disease or condition settled (if different than disease or condition alleged): _____

7. Were you deposed in this lawsuit? ☒ Yes ☐ No

If yes and Grace was not a party in the lawsuit, please attach a copy of your deposition to this Questionnaire.

**b. CLAIMS**

1. Have you ever asserted a claim regarding asbestos and/or silica, including but not limited to a claim against an asbestos trust (other than a formal lawsuit in court)? ☒ Yes ☐ No

If yes, please complete the rest of this Part VII(b). If no, please skip to Part VIII.

Claimant objects on the basis that the information requested is confidential and is not reasonably calculated to lead to the discovery of any admissible evidence. In addition, by violating the confidentiality of settlements, disclosure of such information would chill settlement discussions with other defendants. The request is also unduly burdensome. Claimant further objects because the information, if not confidential, would be equally accessible to WR Grace by subpoena. It would be as burdensome for claimant to assemble the information as for WR Grace to do it.

2. Date the claim was submitted: / /

3. Person or entity against whom the claim was submitted:

4. Description of claim:

5. Was claim settled? ☐ Yes ☐ No

6. Please indicate settlement amount: \$

7. Was the claim dismissed or otherwise disallowed or not honored? ☐ Yes ☐ No

If yes, provide the basis for dismissal of the claim:

PART VIII: CLAIMS BY DEPENDENTS OR RELATED PERSONS

Objection for the reason that the requested information is vague. Claimant is unclear about what is meant by the term "dependents or related persons". Because of this lack of clarity, claimant will answer only with respect to individuals claimed as dependents on IRS income tax returns currently if the asbestos victim is alive or prior to the time of death if the asbestos victim is deceased.

Name of Dependent or Related Person: _____ Gender: ☐ Male ☐ Female

Last Four Digits of Social Security Number: _____ Birth Date: ____ / ____ / ____

Financially Dependent: _____ ☐ Yes ☐ No

Relationship to Injured Party: ☐ Spouse ☐ Child ☐ Other If other, please specify _____

Mailing Address: _____
Address

City _____ State/Province _____ Zip/Postal Code _____

Daytime Telephone number: _____ (____) _____ - _____

PART IX: SUPPORTING DOCUMENTATION

Please use the checklists below to indicate which documents you are submitting with this form.

Copies:

- | | |
|---|--|
| <input type="checkbox"/> Medical records and/or report containing a diagnosis | <input type="checkbox"/> X-rays |
| <input type="checkbox"/> Lung function test results | <input checked="" type="checkbox"/> X-ray reports/interpretations |
| <input checked="" type="checkbox"/> Lung function test interpretations | <input type="checkbox"/> CT scans |
| <input type="checkbox"/> Pathology reports | <input type="checkbox"/> CT scan reports/interpretations |
| <input type="checkbox"/> Supporting documentation of exposure to Grace asbestos-containing products | <input type="checkbox"/> Depositions from lawsuits indicated in Part VII of this Questionnaire |
| <input type="checkbox"/> Supporting documentation of other asbestos exposure | <input checked="" type="checkbox"/> Death Certification |

Originals:

- | | |
|---|--|
| <input type="checkbox"/> Medical records and/or report containing a diagnosis | <input type="checkbox"/> Supporting documentation of other asbestos exposure |
| <input type="checkbox"/> Lung function test results | <input type="checkbox"/> X-rays |
| <input type="checkbox"/> Lung function test interpretations | <input type="checkbox"/> X-ray reports/interpretations |
| <input type="checkbox"/> Pathology reports | <input type="checkbox"/> CT scans |
| <input type="checkbox"/> Supporting documentation of exposure to Grace asbestos-containing products | <input type="checkbox"/> CT scan reports/interpretations |
| | <input type="checkbox"/> Death Certification |

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such costs:



PART X: ATTESTATION THAT INFORMATION IS TRUE AND ACCURATE

The information provided in this Questionnaire must be accurate and truthful. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your Claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.
TO BE COMPLETED BY THE INJURED PERSON.

I swear, under penalty of perjury, that, to the best of my knowledge, all of the foregoing information contained in this Questionnaire is true, accurate and complete.

Signature: _____

REDACTED

Date: 11/04/06

Please Print Name: _____

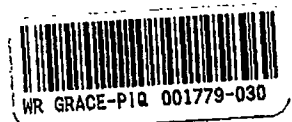
TO BE COMPLETED BY THE LEGAL REPRESENTATIVE OF THE INJURED PERSON.

I swear that, to the best of my knowledge, all of the information contained in this Questionnaire is true, accurate and complete.

Signature: _____

Date: 11/30/2005

Please Print Name: Lane Clack



WR Grace - Client Job Summary G1156-4

Client:

REDACTED

***Approximate
Work Years***

Job

1963 to 1988

General Motors Grey Iron Foundry, Saginaw, MI

WR Grace ClaimID: 000630025097

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF SAGINAW

RE-ISSUED
LETTERS OF AUTHORITY FOR
PERSONAL REPRESENTATIVE

FILE NO.



Estate of REDACTED

TO: Name, address, and telephone no.

REDACTED

You have been appointed and qualified as personal representative of the estate on 1-20-99. You are authorized to do and perform all acts authorized by law except as to the following: Date

- ☐ Real estate or ownership interests in a business entity excluded from your responsibilities in your acceptance of appointment
☐ Restrictions:

☒ These letters expire: N/A

Date

Judge (formal proceedings)/Register (informal proceedings)

Bar no.

SEE OTHER SIDE FOR NOTICE OF DUTIES.

CAROLYN BERNSTEIN

P44566

Attorney name (type or print)

Bar no.

One Tuscola St., Ste. 300

Address

Saginaw, MI 48607 (517) 776-6650

City state, zip

Telephone no.

I certify that I have compared this copy with the original on file and that it is a correct copy of the original and that these letters are in full force and effect as of the date on the letters.

Date

Deputy register

Do not write below this line - For court use only



Jeffrey A. Kahn, M.D.

**1854 Winding Oaks Way
Naples, Florida 34109
941/596-8491**

May 30, 2000

Susan E. Jurik
Goldberg, Persky, Jennings & White
Plaza North
4800 Fashion Square Boulevard, Suite 260
Saginaw, MI 48604-2602

REDACTED

RE: :

Case #: 96-011598-NP-5

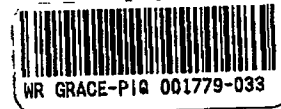
DOD: 12/02/98

Dear Ms. Jurik:

As you requested, I have reviewed the following medical reports and records on the above referenced case:

REDACTED

- The Death Certificate of: listing the cause of death as "Primary Bronchogenic Adenocarcinoma Right Lower Lobe",
- St. Mary's Medical Center Pathology Reports C 253-98: "Positive for Malignant Cells", C 341-91: Sputum, Normal and C 340-91: FNA Lung: Purulent Exudate,
- Covenant HealthCare Surgical Pathology Reports SP-93-18266: Right lower paratracheal lymph nodes negative for malignancy and SP-93-18596: "Right lower lobe resection showing: Grade II bronchoalveolar adenocarcinoma"; NG-93-01137: Bronchial washings negative for malignancy,
- ILO Report of Ella A. Kazerooni, MD, dated 03/24/00 on a film of 07/02/98 in which both parenchymal and pleural abnormalities of pneumoconiosis are noted,
- Medical Records of Jacob C. Ninan, MD,
- Medical Records of Val Hereza, MD,
- Covenant HealthCare Medical Records including the admissions of 11/13/96 for upper GI endoscopy, 11/11/93 to 11/17/93 for thoracotomy, 11/04/93 for workup of a right lower lobe lesion and bronchoscopy, 05/11/82 to 05/14/82 for pneumonia, and 10/19/81 to 10/21/81 for hemorrhoids,
- St. Mary's Hospital Medical Records including those from the hospitalizations of



REDACTED

Page Two/Three

08/05/98, 07/20/98 to 07/29/98 for deep vein thrombosis (DVT) of the left leg,
06/27/98 to 07/05/98 for DVT, 06/02/98 to 06/11/98 for pulmonary embolism,
and 04/27/98 to 05/07/98 for abdominal pain related to adrenal metastases,

- Visiting Nurse Association Records.

REDACTED

It is my understanding that [REDACTED] was exposed to asbestos in his employment at the General Motors Grey Iron Foundry from 1963 to 1988. In his work, [REDACTED] had continuous responsibilities which involved (1) contact with asbestos containing insulation, refractory and building materials consisting of pipecovering, block, cements, castables, millboard, asbestos cloth, asbestos paper installed on and around cupolas, tower core ovens, vertical core ovens, horizontal core ovens, steamlines, piping, duct work, heat exchangers, furnaces, kilns, ladles and other equipment; (2) working in cooperation with and in close proximity to co-workers, plant personnel, asbestos workers and bricklayers involved in the handling, mixing, fabrication and application of asbestos containing insulation, refractories and building materials, work around asbestos clothing; (3) disturbance, deterioration, friability and removal of asbestos products; (4) Clean up of asbestos scrap; (5) shipping, handling and storage of asbestos products; (6) warehousing and housekeeping of asbestos products; (7) contamination of asbestos dusts in the work place resulting from plant operations and the above existing conditions.

It is also my understanding that [REDACTED] smoked 1 ½ packs of cigarettes per day from 1956 to 1993.

I examined twenty microscopic slides from the laboratories of Covenant HealthCare. Sixteen of the slides are labeled "SP-93-18596". The sections of lung contain portions of a well-differentiated adenocarcinoma that has multiple foci of necrosis. The neoplasm is mucin producing (and is mucin-stain positive). At the periphery of the tumor, aerogenous spread, a feature typical of bronchoalveolar carcinomas, is seen. Origin from bronchus is present and identifies the lesion as a primary lung cancer.

Apart from the tumor, the lung is involved by mild emphysema and it contains a small quantity of a variety of foreign materials. Fine black particles predominate. Large, irregularly shaped, sharply angulated black particles and both thick and thin black fibers are present. The foreign material is located in perivascular, peribronchial, septal and pleural connective tissues. These findings represent mixed dust pneumoconiosis.

Mild focal interstitial fibrosis is present. These findings are consistent with a diagnosis of asbestosis, as was diagnosed radiologically.

I also examined four slides from Covenant HealthCare labeled "SP-93-18266". They contain sections of lymph nodes, some of which have mild anthracosis and non-specific reactive changes. There is no neoplasia in these nodes.

REDACTED

REDACTED

Page Three/Three



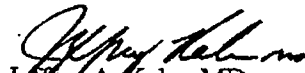
Of the ten slides from the St. Mary's Hospital laboratories that I examined, two are labeled "C-253-98". One of these has sections of a cell block and the other is a pap stained smear. This material, obtained by FNA from the region of the adrenal mass, contains poorly differentiated metastatic carcinoma consistent with origin from the primary lung cancer. There are no malignant cells present in the other eight slides from St. Mary's laboratories, four of which are pap-stained smears labeled "C-341-91" and three are pap-stained smears labeled "C-340-91". The fourth slide labeled "C-340-91" contains sections of a cell block preparation.

As a result of my review of the medical records and the work history, it is my opinion, which I express with a reasonable degree of medical certainty, that long exposure to asbestos was a significant contributing factor for his developing his primary lung cancer and his death. Asbestos is a known carcinogen that is responsible for producing a variety of malignancies, most commonly cancer of the lung. Prolonged asbestos exposure increases the risk of developing lung cancer ninety fold in individuals who have been cigarette smokers. Furthermore, adenocarcinomas of the lung are not common neoplasms in men as young as was unless they had prolonged asbestosis exposure and were cigarette smokers.

It is also my opinion, which I again express with a reasonable degree of medical certainty, that long exposure to asbestos was responsible for his developing asbestosis, as was diagnosed radiologically. This opinion is supported by the finding of mixed dusts in the sections of lung, indicating unprotected exposure to respiratory dusts. prolonged exposure to asbestos was also responsible for his developing pleural plaque formation, as was diagnosed radiologically.

If you would like me to expand upon the opinions made in this letter, please let me know.

Sincerely yours,


Jeffrey A. Kahn, MD

REDACTED

20
1565 WR GRACE-PIQ 001779-035

NAME _____

PERMANENT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

- MEDICAL.

8 X
9/24/24

REDACTED

11/11/2007 12:02 PM

~~RECORDED~~

STATE OF MICHIGAN }
COUNTY OF SAGINAW } ss

I, **ROLAND G. NIEDERSTAUT**, Clerk of said County of Saginaw and Clerk of the Circuit Court for said County, do hereby certify that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent record of the Saginaw County Clerk's Office.

WITNESSED the Seal of said Court and County on this date:

DEC 07 1998

A.D. 1901
John L. G. Giddens
 SAGINAW COUNTY CLERK

SEAI

1998 DEC -9 P 12:45

MILDRED M. DODAK
REGISTER OF DEEDS
SAGINAW COUNTY, MI.

ST. MARY'S MEDICAL CENTER
830 S. Jefferson
Saginaw, MI 48601-2594

NON-GYN CYTOPATHOLOGY REPORT



REDACTED

PATIENT:	LOCALE:	AGE-SEX:	58 M
DOCTOR:	FARRAR/HEREZA, V. /CADY, D.	MR#	157295
SPECIMEN:	DATE RECEIVED: 4/29/98	ITEM(S) 2	LAB# C 253-98

CLINICAL DATA

Retroperitoneal and right adrenal mass. H/O lung Ca 4 years ago.

SPECIMEN SPECIFICATION

type/source: FNA / Retroperitoneal mass

processing: Smears x 4 Cell block x 1

Intraoperative consultation by pathologist: PERFORMED

CYTOLOGIC FINDINGS

Cellularity - Hypercellular

Diathesis - Neoplastic

☒ POSITIVE FOR MALIGNANT CELLS (see Comment)

COMMENT:

Cellular materials present on smears and cell block sections show features diagnostic of metastatic non-small cell lung cancer most consistent with adenocarcinoma.

code: 9
GT/pt 05/01


GEORGE K TONG, M.D.

ST. MARY'S MEDICAL CENTER
830 S. Jefferson
Saginaw, MI 48601-2594

NON-GYN CYTOPATHOLOGY REPORT



PATIENT:

REDACTED

LOCALE:

AGE-Sex:

58 M

DOCTOR:

MR#

157295

SPECIMEN:

DATE RECEIVED: 9/03/91

ITEM(S) 2

LAB#

C 341-91

SPECIMEN SPECIFICATION

type source: NONGYN / Sputum

processing: Smears x 6, Cell block x 1

CYTOLOGIC FINDINGS

Cellularity - Moderate

Diathesis - None

[X] NORMAL SPECIMEN.

GT/sf

Date Out: 09/04/91

CODE:1

GEORGE K. TONG, M.D.

REDACTED

CYTOPATHOLOGY REPORT



3S

Age-Sex: 50 M

Physician: GUIDOT, C./RAO, M./JORDAN, F. M.D.

MR# 157295

Clinical Data: RUL lung mass and/or consolidation with mediastinal adenopath

Specimen: Date Received: 8/30/91 Item(s) 2

Lab# C 340-91

SPECIMEN SPECIFICATION

type/source: NONGYN/FNA of lung

processing: Smears X7 Cell Block X1

Intraprocedural consultation by pathologist.

CYTOLOGIC FINDINGS

Cellularity - Hypercellular

Diathesis - Inflammatory

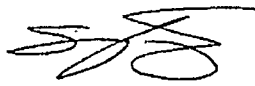
(X) ABNORMAL SPECIMEN. PURULENT EXUDATE.

COMMENT:

All smears and cell block sections contain abundant PMN's.
Rare diplococci noted. Specimen is negative for malignant
cells., Cellular changes of Pneumonic Consolidation.

ET/jkt Date Out: 8-30-91

CODE: 2


GEORGE K. TONG, M.D.

PATHOLOGY DEPARTMENT ST MARY'S MEDICAL CENTER, SAGINAW, MI 48601



Covenant HealthCare
1447 N. Harrison Saginaw, Michigan 48602



Laboratory Services
Medical Laboratory Director: John Finger, MD

Name:
Med Rec #: {0001}264039 Age: 58 YRS Sex: M
Account #: 026403920637 DOB: 11/04/93
Admit Physician: RAO, MINOO K
Nursing Station: KF AMBULATORY SURG Room/Bed: /
Other info:

REDACTED

SURGICAL PATHOLOGY REPORT

Case Number: SP-93-18266

Surgery/Collection Date: 11/04/93
Received Date/Time: 11/05/93 / 7302

TISSUE SOURCE/DESCRIPTION

Right lower paratracheal lymph nodes

PRE-OP DIAGNOSIS

Cancer right left lobe

POST-OP DIAGNOSIS

Same

INTERPRETATION

11/06/93 11:37

Lymph nodes, right lower paratracheal: Reactive follicular hyperplasia and sinus histiocytosis. Negative for malignancy.

4

NJH:NJH:DJN By: NICHOLAS J. HRUBY, M.D.
11/06/93 (Electronic Signature)

GROSS EXAMINATION

The specimen consists of mucoid and tan fragments aggregating 1 cm. All embedded in one block.

PCC:DMP 11/06/93

MICROSCOPIC EXAMINATION

Sections show multiple portions of lymph node with reactive follicular hyperplasia and sinus histiocytosis. No tumor is seen.

Requesting Physician/Surgeon:
RAO, MINOO K
Copy to:

Report Date/Time: 05/19/00 / 1336
Page: 1 End of report.

REDACTED

SGH PATIENTS

LAB INTERNAL FILE COPY

Name:
MR #: {0001}264039
Location:

REDACTED



Saginaw Medical Center
1000 Houghton Saginaw, Michigan 48602



The Laboratory for
St. Luke's / Saginaw General Hospitals

Pathologists

P. Colligan, MD N. Hruby, MD U. Moeser, MD
J. Finger, MD K. Kline, MD

Name:
Med Rec #: (0001)264039 Age: 52 YRS Sex: M
Account #: 026403920637 DOB:
Admit Physician: RAO, MINCO K AD: 11/04/93
Nursing Station: SGH NORTH OP SURGERY Room/Bed: /
Other info:

REDACTED

SURGICAL PATHOLOGY REPORT

Case Number: SP-93-18266

Surgery/Collection Date/Time: 11/04/93 / 0839
Received Date/Time: 11/05/93 / 0839

TISSUE SOURCE/DESCRIPTION

Right lower paratracheal lymph nodes

PRE-OP DIAGNOSIS

Cancer right left lobe

POST-OP DIAGNOSIS

Same

INTERPRETATION

11/06/93 11:37

Lymph nodes, right lower paratracheal: Reactive follicular hyperplasia and sinus histiocytosis. Negative for malignancy.

4

GROSS EXAMINATION

The specimen consists of mucoid and tan fragments aggregating 1 cm. All embedded in one block.

PCC:DMP 11/06/93

MICROSCOPIC EXAMINATION

Sections show multiple portions of lymph node with reactive follicular hyperplasia and sinus histiocytosis. No tumor is seen.

NJH:NJH:DJN By: NICHOLAS J. HRUBY, M.D.
11/06/93 (Electronic Signature)

Requesting Physician/Surgeon: RAO, MINCO K
Consulting Physicians:

DD: 11/04/93

Report Date/Time: 11/06/93 / 1833
Page: 2 End of report.

Name:

MR #: (0001)264039

REDACTED



Saginaw Medical Center
1000 Houghton Saginaw, Michigan 48602

The Laboratory for

St. Luke's / Saginaw General Hospitals

Pathologists

P. Colligan, MD N. Hruby, MD U. Moeser, MD
J. Finger, MD K. Kline, MD

Name:

Med. Rec #: (0001)264039
Account #: 026403923145
Admit Physician: RAO, MINOO K
Nursing Station: SGH - GMAIN
Other info:

Age: 52 YRS Sex: M

AD: 11/11/93

Room/Bed: G613/A
00



REDACTED

SURGICAL PATHOLOGY REPORT

Case Number: SP-93-18596

Surgery/Collection Date/Time: 11/11/93 / 0939

Received Date/Time: 11/11/93 / 0939

TISSUE SOURCE/DESCRIPTION

- A. Ex. main lesion rt. lower lobe for FS
- B. Portion of ribs, rt.
- C. Interlobar lymph node
- D. Ant. hilar lymph node
- E. Right lower lobe

PRE-OP DIAGNOSIS

Ca RL lobe

POST-OP DIAGNOSIS

Same

INTERPRETATION

- A. Wedge biopsy right lower lobe, primary grade II pulmonic adenocarcinoma, bronchoalveolar cell type.
- B. Portion of rib, removed in course of surgery, no pathologic diagnosis.
- C.D. Interlobar and anterior hilar lymph nodes, negative for malignancy.
- E. Right lower lobe resection showing:
 - 1. Grade II bronchoalveolar cell adenocarcinoma, 4 x 3.5 x 4 cm. Tumor does not involve pleural surface.
 - 2. Bronchial margin of resection grossly and microscopically free of neoplasm.
 - 3. Sections of multiple areas outside the tumor, negative for malignancy.

11/12/93 14:17

MALIGNANT

9 tr

Requesting Physician/Surgeon: RAO, MINOO K
Consulting Physicians:

DD: 11/17/93

Report Date/Time: 11/17/93 / 1906

Page: 3 Continued on next page...

Name:

MR #: (0001)264039

Room/Bed: G613 /A

FINAL REPORT

REDACTED



Saginaw Medical Center
1000 Houghton Saginaw, Michigan 48602



REDACTED

The Laboratory for
St. Luke's / Saginaw General Hospitals

Pathologists

P. Colligan, MD N. Hruby, MD U. Moeser, MD
J. Finger, MD K. Kline, MD

Name:

Med Rec #: (0001)264039
Account #: 026403923145
Admit Physician: RAO, MINOO K
Nursing Station: SGH - 6MAIN
Other info:

Age: 52 YRS Sex: M
DOB: .
AD: 11/11/93
Room/Bed: G613/A
00

SURGICAL PATHOLOGY REPORT

Case Number: SP-93-18596

Surgery/Collection Date/Time: 11/11/93 / 0939
Received Date/Time: 11/11/93 / 0939

GROSS EXAMINATION

A. Received from the right lower lobe is a gray tan lung biopsy, 3 x 1.5 x .2 cm.

B. The specimen consists of two segments of rib, the larger 2 x 2 x .2 cm. There is no gross evidence of neoplasm. Representative sections are submitted for decal.

C. The specimen consists of a lymph node measuring 15 x 5 x 4 mm. All embedded in one block.

D. The specimen consists of a lymph node measuring 10 x 8 x 4 mm. All embedded in one block.

E. Received in a formalin container is the right lower lobe of lung weighing 400 grams. The bronchial margin of resection appears free of tumor. Sections of the major bronchi reveal no tumor in the bronchial mucosa. However, adjacent to the hilar area outside the previous biopsy is a large tumor mass measuring 4 x 3.5 x 4 cm. The tumor mass is relatively firm and has a grayish color. Sections of the lung at 1 cm intervals above and below the line of tumor reveal no additional tumor nodules. Multiple areas are sampled, eight blocks.
PCC/dn

PCC:DJN 11/12/93

FROZEN SECTION INTERPRETATION

Malignant grade II adenocarcinoma was rendered in writing and by phone to Dr. Rao.

PCC:DJN 11/12/93

MICROSCOPIC EXAMINATION

A. Paraffin sections reveal a well differentiated grade II adenocarcinoma, somewhat suggestive of bronchoalveolar cell carcinoma.

B. Sections of rib tissue reveal benign bony and marrow tissue.

C.D. Sections of the nodes from interlobar and anterior hilar lymph nodes reveal reactive lymphoid hyperplasia and are negative for malignancy.

E. Sections of bronchial margins of resection reveal a lining of benign respiratory bronchoepithelium. There is no evidence of neoplasm. Sections of tumor reveal proliferation of malignancy of a single layer of columnar cells along the bronchoalveolar skeletal network of the lung. Because of the pleomorphic nuclei and stratification a diagnosis of grade 2 bronchoalveolar cell carcinoma is made. The tumor does not extend to the pleural surface.

Requesting Physician/Surgeon: RAO, MINOO K
Consulting Physicians:

DD: 11/17/93

Report Date/Time: 11/17/93 / 1906

Page: 4 Continued on next page...

Name:

MR #: (0001)264039

Room/Bed: G613 /A

FINAL REPORT

REDACTED



Saginaw Medical Center
1000 Houghton Saginaw, Michigan 48602



REDACTED

The Laboratory for
St. Luke's / Saginaw General Hospitals

Pathologists

P. Colligan, MD N. Hruby, MD U. Moeser, MD
J. Finger, MD K. Kline, MD

Name:

Med Rec #: (0001)264039

Account #: 026403923145

Admit Physician: RAO, MINOO K

Nursing Station: SGH - 6MAIN

Other info:

Age: 52 YRS Sex: M

DOB:

AD: 11/11/93

Room/Bed: G613/A

00

SURGICAL PATHOLOGY REPORT

Case Number: SP-93-18596

Surgery/Collection Date/Time: 11/11/93 / 0939

Received Date/Time: 11/11/93 / 0939

MICROSCOPIC EXAMINATION

The mucicarmin stains are positive for mucin. Sections from the lung
outside the area of tumor reveal no additional microscopic foci of tumor.

PCC:PCC:DJN By: PAUL C. COLLIGAN, M.D.
11/12/93 (Electronic Signature)

Requesting Physician/Surgeon: RAO, MINOO K
Consulting Physicians:

DD: 11/17/93

Report Date/Time: 11/17/93 / 1906

Page: 5 End of report.

Name:

MR #: (0001)264039

REDACTED

REDACTED



Covenant HealthCare
1447 N.Harrison Saginaw, Michigan 48602

REDACTED

PIQ 001779-044

Laboratory Services

Medical Laboratory Director: John Finger, MD

Name:

Med Rec #: (0001)264039

Age: 58 YRS Sex: M

Account #: 026403920637

DOB:

Admit Physician: RAO, MINOO K

11/04/93

Nursing Station: KF AMBULATORY SURG

Room/Bed: /

Other info:

NON-GYN CYTOLOGY REPORT

Accession Number: NG-93-01137

Collection Date 11/04/93

Received Date/Time: 11/04/93 / 3382

SPECIMEN SOURCE

BRONCHIAL WASH, UNSPECIFIED

CLINICAL INFORMATION

None given

GROSS DESCRIPTION

The specimen consists of slides from a cell block and four Papanicolaou slides of the cell washing.

KMW:PCC

INTERPRETATION

11/05/93 15:26 Negative for malignancy.

Bronchial washings, negative for malignant cells.

11/05/93 Screened by: PCC

11/05/93 Verified by: NICHOLAS J. HRUBY, M.D.
(Electronic Signature)

PATHOLOGIST COMMENT

Many well preserved benign bronchoepithelial cells are seen on the preparation.

Requesting Physician/Surgeon:

RAO, MINOO K

Copy to:

Report Date/Time: 05/19/00 / 1336

Page: 1 End of report.

REDACTED

SGH PATIENTS

LAB INTERNAL FILE COPY

Name:

MR #: (0001)264039

Location:

Ella A. Kazerooni, M.D.
Associate Professor
Division of Thoracic Imaging
Department of Radiology
University of Michigan Medical Center

1500 E. Medical Center Drive
Ann Arbor, MI 48109-0326
Phone: (734) 936-4366
Fax: (734) 936-9723
email: ellakaz@umich.edu

Date of Reading: 02 / 24 / 00

1A. DATE OF X-RAY <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MONTH DAY YR 05 12 78 </div>	1B. FILM QUALITY <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 7 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> U_R </div>	1C. IS FILM COMPLETELY NEGATIVE? YES <input type="checkbox"/> Proceed to Section 5 NO <input checked="" type="checkbox"/> Proceed to Section 2																																			
2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input checked="" type="checkbox"/> COMPLETE 2B and 2C NO <input type="checkbox"/> PROCEED TO SECTION 3																																					
2B. SMALL OPACITIES <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> a. SHAPE/SIZE PRIMARY SECONDARY <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>P</td><td>S</td></tr> <tr><td>Q</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>R</td><td>U</td></tr> </table> </div> <div style="text-align: center;"> b. ZONES <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td></td><td></td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> </table> R L </div> </div>	P	S	Q	<input checked="" type="checkbox"/>	R	U			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2C. LARGE OPACITIES SIZE <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C </div> PROCEED TO SECTION 3																								
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3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input checked="" type="checkbox"/> COMPLETE 3B, 3C and 3D NO <input type="checkbox"/> PROCEED TO SECTION 4																																					
3B. PLEURAL THICKENING a. DIAPHRAGM (plaque) SITE <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L </div> IN PROFILE <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>A</td><td>B</td><td>C</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> </table> b. COSTOPHRENIC ANGLE SITE <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L </div>	0	A	B	C	0	1	2	3	3C. PLEURAL THICKENING . . . Chest Wall <div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> a. CIRCUMSCRIBED (plaque) SITE <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L </div> IN PROFILE <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>A</td><td>B</td><td>C</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> </table> FACE ON <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> </table> iii. EXTENT </div> <div style="width: 45%;"> b. DIFFUSE SITE <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L </div> IN PROFILE <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>A</td><td>B</td><td>C</td></tr> <tr><td>0</td><td>1</td><td><input checked="" type="checkbox"/> 3</td></tr> </table> ii. EXTENT <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> </table> FACE ON <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td><input checked="" type="checkbox"/></td><td>1</td><td>2</td><td>3</td></tr> </table> iii. EXTENT </div> </div>		0	A	B	C	0	1	2	3	0	1	2	3	0	A	B	C	0	1	<input checked="" type="checkbox"/> 3	0	1	2	3	<input checked="" type="checkbox"/>	1	2	3
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3D. PLEURAL CALCIFICATION <div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> SITE <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L </div> IN PROFILE <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>A</td><td>B</td><td>C</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> </table> FACE ON <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> </table> iii. EXTENT </div> <div style="width: 45%;"> SITE <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L </div> IN PROFILE <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>A</td><td>B</td><td>C</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> </table> FACE ON <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td><input checked="" type="checkbox"/></td><td>1</td><td>2</td><td>3</td></tr> </table> iii. EXTENT </div> </div>			0	A	B	C	0	1	2	3	0	1	2	3	0	A	B	C	0	1	2	3	<input checked="" type="checkbox"/>	1	2	3											
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4A. ANY OTHER ABNORMALITIES? YES <input checked="" type="checkbox"/> COMPLETE 4B and 4C NO <input type="checkbox"/> PROCEED TO SECTION 5																																					
4B. OTHER SYMBOLS (OBLIGATORY) <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 0 ax bu ca cn co cp cv di ef em es fr hi ho id ih ki pi px rp tb </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Report items which may be of present clinical significance in this section. <div style="border: 1px solid black; padding: 2px; display: inline-block;">00</div> (SPECIFY od.) Slp R the acotomy </div> <div> Date Personal Physician notified? <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td>MONTH</td> <td>DAY</td> <td>YR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> </div> </div>			MONTH	DAY	YR																																
MONTH	DAY	YR																																			
4C. OTHER COMMENTS <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>																																					
SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C. <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> YES NO </div>																																					



Attorneys of Record List

GM FOUNDRY CASES - GROUP 2

G1232 - 00 -

Paul B. Hynes, Esq., Esq.
Harvey, Kruse, Westen & Milan, PC
1050 Wilshire Drive
Suite 320
Troy, MI 48064
Telephone: 248-649-7800
Fax: 248-649-2316
Attorney for CCR

Gary D. Sharp, Esq.
Foley & Mansfield, PLLP
6905 Telegraph Road
Suite 114
Bloomfield Hills, MI 48301
Telephone: 248-540-9636
Fax: 248-540-9639
Attorney for Durabla Mfg.

C. Randal Mitseff, Esq.
Hickey & Cianciolo, PC
400 Renaissance Center
Suite 1010
Detroit, MI 48243
Telephone: 313-396-4600
Fax: 313-396-4601
Attorney for Duro Supply

Robert S. Krause, Esq.
Dickinson Wright, PLLC
One Detroit Center
500 Woodward Avenue, #4000
Detroit, MI 48226
Telephone: 313-223-3500
Fax: 313-223-3598
Attorney for GAF Corporation

Kevin T. Kennedy, Esq.
Blake, Kirchner, Symonds, MacFarlane, Larson &
Smith, PC
1432 Buhl Building
Detroit, MI 48226
Telephone: 313-961-7321
Fax: 313-961-5972
Attorney for Hollinger & Co.

Loretta M. Ames, Esq.
Plunkett & Coonay, PC
243 Congress
Suite 800
Detroit, MI 48226-3260
Telephone: 313-965-3900
Fax: 313-961-0029
Attorney for Rapid-American



In The Matter Of:

*ABERNATHY v.
20TH CENTURY GLOVE CORPORATION*

REDACTED

Vol. 1, December 8, 1997

*Hamilton-Legato Deposition Centers
Detroit - Troy - Grand Rapids - Ann Arbor
2560 Crooks Rd.
Troy, MI 48084
(248) 244-9700 FAX: (248) 244-8804*

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**ABERNATHY v.
20TH CENTURY GLOVE CORPORATION**

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[1] STATE OF MICHIGAN
[2] IN THE CIRCUIT COURT FOR THE COUNTY OF SAGINAW
[3]
[4]
[5] WILLIAM C. ABERNATHY, et al.,
[6] Plaintiffs, Case No: 94-3154 NP,
[7] et al.
[8] -vs- TRIAL DATE: 2-18-97
[9] 20TH CENTURY GLOVE CORP. OF
[10] TEXAS, et al.,
[11] Defendants.

[12] **REDACTED**
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DEPONENT:

[19] DATE: Monday, December 8, 1997
[20]
[21] TIME: 1:55 p.m.
[22] LOCATION: 310 Johnson Street, Delta College,
[23] International Center, Suite V
[24] Saginaw, Michigan
[25] REPORTER: Angela R. Mitchell, CSR-2151

[1] GOLDBERG, PERSKY, JENNINGS & WHITE, P.C.
[2] BY: MR. LEE W. DAVIS
[3] 4800 Fashion Square Boulevard, Suite 260
[4] Saginaw, Michigan 48604-2802
[5] (517) 799-4848
[6] Appearing on behalf of Plaintiffs.
[7]
[8] PEPPER, HAMILTON & SCHEETZ
[9] BY: MS. ONNIE BARNES JACQUE
[10] 100 Renaissance Center, 36th Floor
[11] Detroit, Michigan 48243-1157
[12] (313) 393-7439
[13] Appearing on behalf of Unroyal.
[14]
[15] HARVEY, KRUSE, WESTEN & MILAN, P.C.
[16] BY: MR. MILTON S. KARFIS
[17] 1050 Wilshire Drive, Suite 320
[18] Troy, Michigan 48064-1526
[19] (248) 649-7800
[20] Appearing on behalf of CCR.
[21]
[22]
[23]
[24]
[25]

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[1] HARVEY, KRUSE, WESTEN & MILAN, P.C.
 [2] BY: MS. DENISE L. WINIARSKI
 [3] 1050 Wilshire Drive, Suite 320
 [4] Troy, Michigan 48064-1526
 [5] (248) 649-7800
 [6] Appearing on behalf of U.S. Mineral.
 [7] HENDRICKSON & LONG
 [8] BY: MR. ERIC N. KITZMILLER
 [9] 214 Capitol Street
 [10] P.O. Box 11070
 [11] Charleston, West Virginia 25339
 [12] (304) 346-5500
 [13] Appearing on behalf of Westinghouse.
 [14] RILEY, McNULTY, HEWITT & SWEITZER
 [15] BY: MR. PATRICK A. HEWITT
 [16] 650 Washington Road
 [17] Pittsburgh, Pennsylvania 15228
 [18] (412) 341-9300
 [19] Appearing on behalf of Ajax
 [20] Magnethermic Corp.
 [21] ALSO PRESENT:
 [22] MS. ELAINE GATES
 [23]
 [24]
 [25]

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